MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)			SERIAL NO. **10/567163**		FILING DATE

APPLICANT(S)

CLAIMS

	* AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	■	■					51						
2	■	■					52						
3	■	■					53						
4	1						54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9		1					59						
10		2					60						
11		2					61						
12		2					62						
13	■	■					63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	⬇	0	⬇	0	⬇	TOTAL IND.	0	⬇	0	⬇	0	⬇
TOTAL DEP.	9	⬅	0	⬅	0	⬅	TOTAL DEP.	0	⬅	0	⬅	0	⬅
TOTAL CLAIMS	12	■	0	■	0	■	TOTAL CLAIMS	0	■	0	■	0	■

PTO - 1360 (REV. 04/2007)

*Article 19